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•Standards for the Coverage of Organ Transplant Services

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- (5) Nutritional assessment, as indicated.
- (6) Dental evaluation and treatment for oral infection. (The service is limited to diagnosis and elimination of oral infection, and will commence only after the member has been established as an otherwise appropriate candidate.)
- b. Preparation and transplantation, which consists of the following:
  - (1) Organ procurement.
  - (2) Surgical procedure.
  - (3) All related medical care.
- c. Inpatient and/or outpatient convalescent care, which includes the following:
  - (1) Laboratory studies.
  - (2) Diagnostic imaging.
  - (3) Biopsies, as indicated.
  - (4) Treatment of complications.
  - (5) Post-transplant discharge evaluations.
  - (6) Room and board for the member and one adult caregiver during the time it is necessary for the member to remain in close proximity to the medical center.
  - (7) Transportation for the member and one adult caregiver to and from medical treatment during the time it is necessary for the member to remain in close proximity to the medical center.
  - (8) All related medication, including immunosuppressants.
- 3. AHCCCS OMD determines medical necessity for PAK transplantation based on the following criteria:

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- a. The potential transplant recipient has Type I diabetes mellitus and has had a successful kidney transplantation to treat chronic renal failure.
- b. The potential for successful transplantation and subsequent recovery is not significantly compromised by other conditions including but not limited to:
  - (1) Malignant disease.
  - (2) Active infection.
  - (3) Irreversible disease of a major organ system other than the endocrine pancreas.
  - (4) Uncorrectable coronary artery disease.
  - (5) Critical psychosocial conditions, behaviors or problems in adherence to a disciplined medical regimen which preclude a positive transplant outcome. The AHCCCS Medical Director in consultation with the health plan or program contractor Medical Director and the Kidney/Liver Transplant Committee will make transplant coverage decisions involving these matters.
  - (6) The member's age is beyond that at which there has been substantial favorable experience for successful transplantation.

**I. Simultaneous Pancreas/Kidney Transplantation**

- 1. AHCCCS covers simultaneous pancreas/kidney transplantation (SPK) for eligible members. SPK is a procedure in which the kidney is harvested from a living or cadaveric human donor and the pancreas is harvested from a cadaveric human donor and simultaneously transplanted into a living human recipient.

Simultaneous pancreas/kidney transplants have an accepted therapeutic value in the management of selected patients with diagnosed Type 1 Diabetes Mellitus and uremia or end stage renal disease.

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2. Coverage of SPK transplantation services includes the following components.
  - a. Member pre-transplant evaluation (inpatient or outpatient), which consists of the following:
    - (1) Physical examination.
    - (2) Psychological and social service evaluations, as indicated.
    - (3) Laboratory studies, as indicated.
    - (4) Diagnostic imaging.
    - (5) Nutritional assessment, as indicated.
    - (6) Dental evaluation and treatment for oral infection. (The service is limited to diagnosis and elimination of oral infection, and will commence only after the member has been established as an otherwise appropriate candidate.)
  - b. Preparation and transplantation, which consists of the following:
    - (1) Organ procurement.
    - (2) Surgical procedure.
    - (3) All related medical care.
  - c. Inpatient and/or outpatient convalescent care, which includes the following:
    - (1) Laboratory studies.
    - (2) Diagnostic imaging.
    - (3) Biopsies, as indicated.
    - (4) Treatment of complications.

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- (5) Post-transplant discharge evaluations.
  - (6) Room and board for the member and one adult caregiver during the time it is necessary for the member to remain in close proximity to the medical center.
  - (7) Transportation for the member and one adult caregiver to and from medical treatment during the time it is necessary for the member to remain in close proximity to the medical center.
  - (8) All related medication, including immunosuppressants.
3. AHCCCS OMD determines medical necessity for SPK transplantation based on the following criteria:
- a. The potential transplant recipient has Type 1 Diabetes Mellitus
  - b. The potential transplant recipient has end stage renal disease which currently requires dialysis support or may require dialysis support in the immediate future or has uremic renal dysfunction.
  - c. The potential for successful transplantation and subsequent recovery is not significantly compromised by other conditions including but not limited to:
    - (1) Active malignancies with or without metastasis.
    - (2) Active systemic infection.
    - (3) Irreversible disease of a major organ system other than end stage renal disease and the endocrine pancreas.
    - (4) Uncorrectable coronary artery disease.
    - (5) Critical psychosocial conditions, behaviors or problems in adherence to a disciplined medical regimen which preclude a positive transplant outcome. (Transplant coverage decisions involving these matters will be made by the

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AHCCCS Medical Director in consultation with the health plan or program contractor Medical Director and the Kidney/Liver Transplant Committee).

- (6) The member's age is beyond that at which there has been substantial favorable experience for successful transplantation.
- d. The potential transplant recipient meets the criteria for kidney transplantation.